

# CALIFORNIA'S HEALTH

Medical Library

WILTON L. HALVERSON, M.D.  
DIRECTOR OF PUBLIC HEALTH

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GUY P. JONES  
Editor

## RECOMMENDED MINIMUM WARTIME PUBLIC HEALTH NURSING SERVICE

The conservation of public health nursing services is essential under wartime conditions in order that the greatest possible conservation of nursing personnel may be effected.

Following are the recommended minimum wartime public health nursing services to be used by Procurement and Assignment Committees in their appraisal of public health nursing services in the community so as to develop better distribution and utilization of these important services:

### I. Service in the Home

Nursing service directed to the family in the home may involve one or more of the following service categories:

#### A. Acute communicable disease.\*

1. Visits to give or demonstrate nursing care.
2. Visits to maintain immunization program at a protective level.
3. Visits to implement health department regulations regarding isolation and release.
4. Visits to carry out necessary follow-up contact cases according to Department of Health practice.

#### B. Tuberculosis

1. Visits to give or demonstrate nursing care.
2. Visits to infectious patients on a family service basis and to noninfectious patients with specific medical recommendations.

3. Visits to secure one examination for all contact cases and repeated visits to selected cases according to Department of Health practice.

### C. Syphilis

1. Visits to infectious cases until under adequate treatment.
2. Visits to give or demonstrate nursing care.
3. Visits to those patients delinquent from treatment and whom the physician believes should be followed up.
4. Visits to locate sources of infection and contact cases.

### D. Maternity

#### 1. Antepartum

- a. An initial visit to every case referred to the agency.
- b. Subsequent visits only to those patients not under continuous medical supervision with the following exceptions:
  - (1) Patients presenting physical, social or economic problems or those considered hazards on account of previous maternity experience.
  - (2) Primiparae in need of further instruction.
  - (3) Patients to be delivered at home.

#### 2. Delivery

- a. Nursing care during labor and at delivery should be provided whenever possible by graduate nurses not actively engaged in public health nursing.

\* The standard for effective health department practice in communicable disease upon which this nursing service is based are those outlined in the control of Communicable Diseases, Report of Committee, American Public Health Association, 1940.

## 3. Postpartum

- a. Visits preferably on first, third and eighth days following home delivery or immediately following early dismissal from hospital.
- b. Additional visits during the postpartum period only if patient's or baby's condition or home situation indicates.
- c. Visit at sixth week to interpret the need for postpartum examination.

## E. Infants

1. One visit as soon after birth as possible.
2. Further visits during first year to selected cases such as: all premature infants and infants with feeding or other problems; new-born infants according to mother's and infant's needs.
3. Visits to demonstrate and give nursing care because of illness.

## F. Preschool children

1. Visits only to cases with special problems, such as failure to maintain normal growth and development or difficult feeding and behavior problems.
2. Visits to demonstrate and give nursing care because of illness.

## G. School age children

1. One visit to a child with special health problems which remain uncorrected, if other methods than home visits have failed, and return visits to selected cases which present physical, psychological or social problems.
2. Visits to demonstrate and give nursing care because of illness.

## H. Adults

1. One visit to persons referred to nursing agencies to determine problems and give advice, and return visits only when need is urgent on basis of physical, psychological or social problems.
2. Visits to demonstrate and give nursing care because of illness.

In relation to all nursing care of the sick indicated in the above categories, it is assumed that nursing care will be given under the direction of a physician and will be turned over to the family as soon as possible, but that continued visits may be needed where no adequate care can be arranged.

## II. Service in Schools, Clinics, or Community Groups

## A. Schools

1. Visits to schools on a planned schedule primarily for the following activities:  
Conferences with parents by appointments

Conferences with teachers

Conferences with selected pupils

To make or follow-up environmental survey

To give instruction, help plan for physical examination, first aid, etc.

2. Return visits to schools for special reasons such as an outbreak of communicable disease.

## B. Clinics and Health Conferences

1. Public health nursing service is essential only:
  - a. If teaching of patients is planned as a part of clinic procedure.
  - b. If history taking is used as a device for education, interpretation, or the location of sources of infection or contact cases.
  - c. If treatments under the direction of a physician are of such a nature that they should be performed by a nurse and if it has been impossible to secure personnel not actively engaged in public health nursing.

## C. Community groups

1. Group teaching should be done by public health nurses if the content of the instruction requires her special skills.

Example: Group teaching to stimulate parents to have their children immunized, or to secure correction of defects, or a class in antepartum care, might be best presented by a public health nurse.

Red Cross home nursing could be taught by other nurses supplemented by assistance from the public health agency. First aid classes could be taught by non-nurses.

## III. Service "In Behalf Of" Patients

Visits to interested agencies or individuals should only be made by public health nurses when the problem requires direct professional interpretation or nurse representation. Visits should not be made by public health nurses whenever the family can assume responsibility or when telephone, letter, written report, or a non-nurse substitute will suffice.

What profit a man to know Plato and Aristotle when confronted with the cold, flat fact of making a living? An empty negative, if you must judge by the standards of the market-place; but there are other values; and if these distracted times prove anything, they prove that the greatest illusion is reliance upon the security and permanence of material possessions. We must search for some other coin. And we will discover that the treasure-house of education has stood intact and unshaken in the storm. The man of cultivated life has founded his house upon a rock. You can never take away the magnificent mansion of his mind.—John Cudahy.

## RAT SITUATION IN THE SAN FRANCISCO BAY REGION

There are two important factors to be considered in connection with the rat infestation existing in the San Francisco Bay Area—the destruction of rats and the handling of garbage.

While rat campaigns have been conducted throughout portions of the San Francisco Bay Area from time to time for many years, these efforts have been spasmodic and no provision has been made for a sustained and continuous program to keep the rat population under control. Such a plan is indicated if rat campaigns are to be efficacious.

The garbage problem presents three aspects—first, the use of properly covered metal containers by the householder; second, the provision of an adequate collection service; and, third, sanitary disposal of all waste on well maintained garbage dumps.

Public agencies can be of inestimable assistance in solving these problems—first, through the provisions of funds; second, through rounding up suitable personnel; and, third, in taking steps to secure priority where it is necessary in purchasing equipment which is difficult to procure. Individuals can also help through recognizing and explaining to others the responsibility of each householder in maintaining his own premises so as to avoid the provision of fodder for rats and, where necessary, in taking steps to destroy them.

Because of the fact that bubonic plague has been demonstrated in all the counties within the Bay Area—Alameda, Contra Costa, San Mateo and Santa Clara—it is of the utmost importance that active control measures be instituted at an early date as a protection to the military interests as well as shipping, ship building and other industrial interests. In addition, because of the enormous increase in population and the resultant overcrowding in housing, a definite potential health menace must be recognized and avoided, if possible.

Conditions in all cities and rural areas mentioned are practically identical. Garbage is the principal source of rodent food, due to inadequate collection and storage in open cans and boxes, as well as to the scattering of waste material in yards, vacant lots and other places. The handling and storage of all edible material in nonratproof structures also contributes largely to the rodent food supply. Feeding chickens in improperly constructed and maintained yards is also a contributing factor. In addition, garbage which is dumped into the waters of the bay and washes ashore provides an important source of food supply.

## FREE CERTIFIED RECORDS FOR INDUCTEES

The Attorney General has ruled that men about to be inducted into the armed services may receive free copies of birth and marriage certificates if request is accompanied by proof to indicate that the record is to be used for purposes specified in Section 6107 of the Government Code. His opinion reads as follows:

State Building  
San Francisco 2  
June 5, 1944

Dr. Wilton L. Halverson  
Director of Public Health  
668 Phelan Building  
San Francisco 2, California

DEAR SIR: In your recent letter you state that numerous applications have been filed with the Bureau of Vital Statistics and Local Registrars of Vital Statistics for free certified copies of birth records under the provisions of Section 6107 of the Government Code.

You ask if the provisions of this section may be construed so as to permit the issuance of these records without compensation to men "who are about to be inducted into the armed services, Army, Navy, or Marine Corps."

Government Code, Section 6107, reads, in part, as follows:

"Neither the State nor any county, or city, nor any public officer or body acting in his official capacity on behalf of the State, any county, or city, including notaries public, shall demand or receive any fee or compensation for:

\* \* \*

(d) Furnishing a certified copy of the public record of marriage, death, birth or divorce, deed of trust, mortgage, or property assessment, or making the search for them, when they are to be used in a claim for pension, or a claim for allotment, allowance, compensation, insurance, automatic insurance, or otherwise under the World War Veterans' Act, 1924 or under any other act of Congress for service in the Army, Navy, or Marine Corps."

It is to be noted that no provision is made in this section for the manner in which applications for such records must be made. Neither does the section specify the person who must make the application. The only requirement is that the document requested by the applicant be used in a claim for a pension, allotment or allowance, etc. Therefore, if satisfactory proof is exhibited to indicate that the requested document is to be used for the purposes specified in the section above quoted, I believe that the requirements therein set forth are met.

Furthermore, it will be noted that no provision is incorporated in the law which requires the person to whom the record has reference to be actually in the armed forces. The legislature, in enacting this law, undoubtedly took into consideration the fact that, for practical purposes, it frequently would be easier for a person to procure a certified copy of the necessary records prior to actual induction, than to wait

until the person involved has entered the service, because of the fact that after induction the service man may have been moved to some point far remote from the place at which the original record is on file.

Therefore, it is my opinion that the Bureau of Vital Statistics and Local Registrars of Vital Statistics throughout the state may issue, without compensation, certified copies of birth records prior to the actual induction of the service men, provided it is satisfactorily represented that the records are to be used for the purposes specifically designated in the Government Code.

Yours very truly,

ROBERT W. KENNY,  
Attorney General,  
ALLEN L. MARTIN,  
Deputy Attorney General.

### CRIPPLED CHILDREN ATTEND CLINICS

During April the department held four diagnostic clinics for crippled children, eight for children with heart disease and 20 physiotherapy clinics for children with recent infantile paralysis. The crippled children clinics were held in Imperial, Madera, Lassen and San Bernardino counties; the cardiac clinics in Contra Costa, Solano and Alameda counties; and the physiotherapy clinics were all held in Solano and Contra Costa.

The professional staff of the Crippled Children's Services made visits during the month to 12 counties of the State. During April, 35 cases of crippled children were accepted for care, 16 through certificates issued by the superior courts and 19 through the use of Federal funds.

During the month 188 children were provided with services for reeducation of muscles.

### DEHYDRATING PLANTS CLEANED UP

During the past month the department has made a wide investigation into apple dehydrating plants in Sonoma County, with the result that only one was discovered that conformed to the general requirements of sanitation. These plants are primitive structures of unpainted wood, lacking proper sewerage facilities and waste water controls, with no hot water or steam for washing equipment, unscreened windows or none at all. Because of the scarcity of material and equipment an extension has been granted in the development of a general clean-up program. Conditions are so bad, however, that it is essential for action to be taken at the earliest possible moment.

It takes dissatisfaction to get useful ideas going.—  
Donald A. Laird.

### TUBERCULOSIS IN ADULTS ASSUMES NEW IMPORTANCE

Dr. Robert E. Plunkett, General Superintendent of the Tuberculosis Hospitals of the New York State Department of Health, has called attention to the fact that tuberculosis case-finding is shifting from school children to adults. He advocates a policy of placing emphasis on case-finding in adult units of the population more rigidly than ever before, particularly among the hordes of industrial workers. He urges expansion of mass X-raying in this industrial group. He says:

"Workers in the field of public health and tuberculosis control, as well as others faced with shortages of personnel caused by the war, should take stock to determine whether optimum results are being achieved with available manpower and facilities. In tuberculosis case-finding, it is particularly important at this time that equipment and personnel be used as economically and effectively as possible among those elements of the population in which the greatest yield of new cases may be expected. More and more emphasis should be placed on case-finding among adults.

#### "School Surveys Unproductive

"For many years the New York State Department of Health has considered tuberculin testing and X-ray examination of grade-school children relatively unproductive as case-finding procedures. The yield of new cases of significant tuberculosis in this group is negligible.

"Even among high school students the yield is many times less than among adults and although, under certain circumstances, X-ray of such students may be justifiable, it belongs at the end of the list of profitable mass case-finding projects.

"Another medium of case-finding which should be given serious consideration in all communities is the routine X-raying of adult admissions to general hospitals. The existence of much unrecognized tuberculosis in this group has been well established. Funds available for the promotion of public health programs may be allocated profitably to such projects.

"Individuals or groups interested in advancing the campaign against tuberculosis, and particularly in the advancement of case-finding projects, should appraise carefully the probable return from money expended and place less emphasis on the relatively unfruitful field of tuberculin testing and X-raying of school children."

### TUBERCULOSIS HIGH IN OLDER AGE GROUPS

It is interesting to note that out of 3,878 tuberculosis deaths reported in California last year, 1,210, almost one-third, were in individuals over 55 years of age and



out of 7,879 cases of the disease reported during the same year, 1,411, almost one-fifth, were in individuals over 55 years of age. Out of the total number of deaths, 3,878, 2,590 were in men and 1,288 in women. Out of 7,879 cases of the disease reported during this period, 5,027 were in men and 2,852 in women. Almost one-fifth of all tuberculosis deaths last year were in Mexicans and almost one-sixth of all cases reported were in members of that race. Seventy per cent of all reported cases during this period were in members of the white race and 66 per cent of all deaths were in members of the same race. Allocations of tuberculosis deaths in 1943 by residence are indicated in the table which follows:

#### PULMONARY AND OTHER FORMS OF TUBERCULOSIS CALIFORNIA, 1943

##### Deaths and Cases

County	Deaths* by occurrence			Deaths* by residence			Cases, civilian, by residence		
	Pul- mo- nary	Other	Total	Pul- mo- nary	Other	Total	Pul- mo- nary	Other	Total
Alameda.....	270	32	302	226	37	263	459	51	510
Alpine.....	5	1	6	13	1	14	14	1	15
Amador.....	17	1	18	17	1	18	22	2	24
Butte.....	13	1	14	2	1	3	6	1	7
Calaveras.....	1	1	2	3	1	4	3	1	4
Colusa.....	17	2	19	45	4	49	123	3	126
Contra Costa.....	2	1	3	2	1	3	5	1	6
Del Norte.....	1	1	2	2	1	3	8	1	9
El Dorado.....	88	8	96	96	6	102	127	3	130
Fresno.....	1	1	2	1	1	2	4	1	5
Humboldt.....	12	2	14	17	2	19	18	3	21
Imperial.....	25	5	30	29	5	34	32	1	33
Inyo.....	6	1	7	11	1	12	41	2	43
Kern.....	58	8	66	58	8	66	165	16	181
Kings.....	10	2	12	13	3	16	22	2	24
Lake.....	1	1	2	3	1	4	4	1	5
Lassen.....	5	1	6	7	1	8	11	1	12
Los Angeles.....	1,337	128	1,465	1,300	128	1,428	2,532	134	2,666
Madera.....	19	2	21	11	4	15	21	2	23
Marin.....	15	2	17	12	2	14	49	2	51
Mariposa.....	21	1	22	2	2	4	6	1	7
Mendocino.....	20	1	21	17	2	19	32	6	38
Merced.....	12	7	19	4	2	6	47	9	56
Modoc.....	1	1	2	2	1	3	3	1	4
Monterey.....	41	2	43	25	2	27	66	5	71
Napa.....	8	1	9	10	1	11	50	3	53
Nevada.....	52	15	67	53	12	65	92	14	106
Orange.....	138	4	142	19	3	22	19	1	20
Placer.....	1	1	2	1	1	2	6	1	7
Plumas.....	73	6	79	73	5	78	108	4	112
Riverside.....	82	8	90	146	11	157	273	7	280
Sacramento.....	4	1	5	4	1	5	6	1	7
San Benito.....	133	10	143	107	13	120	132	6	138
San Bernardino.....	133	16	149	145	16	161	224	14	238
San Diego.....	322	44	366	396	32	428	914	61	975
San Francisco.....	107	9	116	115	10	125	189	7	196
San Joaquin.....	12	3	15	14	1	15	19	2	21
San Luis Obispo.....	90	3	93	38	4	42	82	2	84
San Mateo.....	42	4	46	41	4	45	87	7	94
Santa Barbara.....	74	16	90	56	17	73	159	11	170
Santa Clara.....	15	1	16	18	1	19	36	4	40
Santa Cruz.....	10	1	11	11	1	12	12	3	15
Shasta.....	5	1	6	6	1	7	2	1	3
Sierra.....	9	2	11	22	3	25	11	3	14
Siskiyou.....	38	10	48	34	7	41	114	9	123
Solano.....	18	8	26	30	6	36	51	9	60
Sonoma.....	4	1	5	7	1	8	13	1	14
Stanislaus.....	3	1	4	4	1	5	5	1	6
Sutter.....	51	6	57	54	6	60	72	5	77
Tehama.....	46	3	49	52	3	55	146	9	155
Trinity.....	2	1	3	11	1	12	18	1	19
Tulare.....	2	1	3	11	1	12	21	1	22
Tuolumne.....	2	1	3	11	1	12	18	1	19
Ventura.....	2	1	3	11	1	12	21	1	22
Yuba.....	2	1	3	11	1	12	21	1	22
Out of State.....				83	8	91	603	12	615
Totals.....	3,498	380	3,878	3,498	380	3,878	7,436	443	7,879

\* Includes military deaths.

#### PULMONARY AND OTHER FORMS OF TUBERCULOSIS CALIFORNIA, 1943

##### Deaths and Cases

Age	Deaths			Cases		
	Pulmo- nary	Other	Total	Pulmo- nary	Other	Total
Under 1 year.....	10	23	33	8	16	24
1-4 years.....	38	51	89	68	63	131
5-9 years.....	17	29	46	75	39	114
10-14 years.....	38	11	49	159	22	181
15-19 years.....	149	30	179	537	39	576
20-24 years.....	252	27	279	828	44	872
25-29 years.....	268	21	289	888	30	918
30-34 years.....	275	29	304	854	33	887
35-39 years.....	314	24	338	778	27	805
40-44 years.....	315	20	335	704	25	729
45-49 years.....	683	44	727	1,153	51	1,204
50-54 years.....	1,139	71	1,210	1,357	54	1,411
55 and over years.....				27		27
Totals.....	3,498	380	3,878	7,436	443	7,879

Sex	Deaths			Cases		
	Pulmo- nary	Other	Total	Pulmo- nary	Other	Total
Male.....	2,374	216	2,590			5,027
Female.....	1,124	164	1,288			2,852
Totals.....	3,498	380	3,878			7,879

Race	Deaths			Cases		
	Pulmo- nary	Other	Total	Pulmo- nary	Other	Total
White.....	2,365	229	2,594			5,592
Negro.....	239	31	270			456
Indian.....	46	10	56			67
Chinese.....	96	10	106			252
Japanese.....	42	8	50			103
Mexican.....	671	84	755			1,220
Filipino.....	53	8	61			98
Other.....	16		16			12
Unknown.....						79
Totals.....	3,498	380	3,878			7,879

#### THE EPIDEMIOLOGY OF ACUTE ANTERIOR POLIOMYELITIS WITH REFERENCE TO THE MODE OF TRANSMISSION

Dr. Kenneth F. Maxey, Professor of Epidemiology, Johns Hopkins University School of Hygiene and Public Health, recently presented an address at the University of Minnesota under the above title. He stated that the broad general epidemiological and characteristics of poliomyelitis are indicated in the analysis of the reports of cases and deaths made routinely to official health organizations which have become available only during the last quarter century. He emphasized the importance of using caution in interpreting morbidity reports from whatever source. Incompleteness of reporting tends to give a distorted picture of the true incidence of the disease. For this reason the available statistics have to a certain extent minimized the endemic frequency of occurrence and they have also

tended to exaggerate the summer rise and also give a higher age selection for the disease than is actually true. "Errors of similar character but of smaller magnitude," he said, "enter into mortality statistics. The errors of both affect the attempts to calculate case-fatality rates under different conditions."

Reviewing available morbidity and mortality data with these considerations in mind, Dr. Maxey provided the following brief interpretations regarding broad and general characteristics:

"(1) *The disease is world-wide in distribution.* Wherever human populations have come under medical observation, sooner or later individuals showing typical paralysis have been found. Outbreaks have been reported from most of the countries where organized medical facilities exist, ranging from Iceland and Greenland in the Arctic region to El Salvador and New Guinea close to the Equator. Whether in long periods of time the greater proportion of the population suffering paralysis from this cause in temperate as compared with tropical climates is real or only apparent, is still a matter of speculation owing to the lack of dependable quantitative data which would permit comparison. The apparent differences may be largely due to the fact that in tropical countries the disease prevails more uniformly throughout the year and is therefore less conspicuous than it is in the colder countries in which it tends to manifest itself in epidemics.

"(2) *From no human community is the disease long absent.* The occasional occurrence of a case of paralytic poliomyelitis is evidence of more or less continuous propagation of the virus at a low level.

"(3) *Transmission can occur in any month of the year.* In geographic areas where there is a large seasonal variation in temperature, incidence is increased during the warmer months of the year, but it is somewhat misleading to refer to poliomyelitis as a 'summer' disease. Epidemics usually occur during the summer and fall, but many begin in the early spring or last into the late winter.

"(4) *The disease exhibits an irregular inter-annual periodicity in prevalence.* In any given region after a series of years during which the incidence has fluctuated at a low level, a year may be expected, though not surely predicted, during which it will attain an unusually rapid dissemination over a short period of time. These epidemics may be limited to a small locality, but be regional in character. In the United States, in addition to scattered areas of high prevalence, one or more regional epidemics develop during the summer in almost every year. Usually, but not always, the highest

attack rate is registered in the population of the original focus of the regional wave.

"(5) *From an original focus the spread is progressive in unpredictable directions.* It moves along lines of communication from one community to another at a pace that has not changed materially during the past half-century in spite of the increasing volume and speed of travel. This may be explained by the consideration that the principal determining factors in its slow movement are the nature of the contact required for transmission and the length of the incubation period which in poliomyelitis is 7 to 18 days. The epidemic wave usually diminishes with the advent of cold weather but may sometimes continue at a low level of incidence during the winter months and begin to increase in the same area in the following spring to continue its course.

"(6) *It has no regular pattern as regards rural and urban distribution,* if long time periods are considered. To say that it is a 'rural' disease is hardly justified by the available facts. It has been conspicuously prevalent in epidemic form in rural areas during recent years, but there also have been epidemics in urban areas. That the total incidence of infantile paralysis is greater among children growing up in a rural environment as compared with those growing up in an urban environment has not been demonstrated.

"(7) *Poliomyelitis is characteristically a disease of early childhood.* The extent to which the higher age groups are attacked varies with time and place. It has been stated that the age incidence has undergone a fundamental change within the past 20 years, with an increase in the proportion attacked at older ages. Whether this is real or only apparent is open to question. There are concealed fallacies which may play a role. The changing age composition of the population in the United States, the more accurate diagnosis of the disease, the inclusion of abortive forms, and the selective character of under-reporting, all are factors that must be taken into consideration.

"(8) *Immunity to attack is acquired with advancing age.* The proportion of adults who have paralytic poliomyelitis varies, but under ordinary circumstances is relatively small. This relative freedom of adults is not correlated with the history of a previous recognized attack of the disease. In a communicable disease study conducted by the United States Public Health Service of 80 cities with 100,000 or more populations, a total of 693,084 white persons of all ages was canvassed. Only 6.38 persons out of every 1,000 between the ages of 20 and 23, gave a history of having had the paralytic form of poliomyelitis at any time in their prior life.

"(9) *The total number of cases manifesting characteristic paralysis during an epidemic period rarely exceeds 2 per 1,000 population of all ages. More commonly the total attack rate based upon reported paralytic cases, when an epidemic has run its course, is in the neighborhood of 0.5 per 1,000. The rate may occasionally be greater in small outbreaks, especially those involving communities such as institutions and camps in which the population at risk is largely composed of children.*

"(10) *The number of individuals infected with the virus of poliomyelitis is far greater than is indicated by an attack rate based upon reported paralytic cases alone. Various estimates have been made of the ratio between paralytic and non-paralytic or abortive attacks. The evidence suggests that it varies in different epidemics and in different geographic areas. Estimates must remain uncertain and indefinite until a readily applied laboratory test becomes available which will permit certain diagnosis of infections presenting vague symptomatology. In addition to those who are sick, it long has been known that some individuals may harbor the virus without apparent illness. How common these 'carriers' or individuals suffering from an inapparent or subclinical infection are, is still a matter of speculation rather than of exact knowledge. If the immunity developing with age is due to specific antigenic contact, then the unrecognized, subclinical and inapparent infections with the virus of poliomyelitis must far outnumber the recognized paralytic and non-paralytic attacks.*

"(11) *A considerable proportion of cases has had recent direct or indirect contact with a previous paralytic or non-paralytic, known or suspected case in the acute or convalescent stage. Estimates of the frequency of a history of contact vary with the definitions adopted and the circumstances under which the investigations are conducted. It is not unusual to find that such a history can be established in 15 to 25 per cent of instances. In sparsely settled and remote rural communities where contacts are few and relatively infrequent, chains of transmission from person to person are sometimes apparent. It is evident, however, that a history of contact with a preceding recognized clinical attack of poliomyelitis frequently cannot be established. The disease seldom paralyzes more than one child in a family, but if non-paralytic and abortive attacks be considered, multiple cases are not unusual. For example, Swartout and Frank found that 9.29 per cent of 721 patients admitted to the Contagious Disease Unit of the Los Angeles County General Hospital in 1943 came from families with multiple cases recognized by clinical examination."*

## BOVINE TUBERCULOSIS CONTROL CONTINUED

C. U. DUCKWORTH, D.V.M., Assistant Director  
California State Department of Agriculture, Sacramento

California recently was confronted with a problem which caused consternation in both public health and dairy circles. We were faced with the grave possibility of the U. S. Government moving veterinarians from California. This would materially reduce the already dwindling forces working on bovine tuberculosis eradication and control. Both the Federal and State Departments of Agriculture, like practically all other agencies, have lost a large number of men to the armed forces.

As a result of meetings attended by health officers and dairy representatives in northern, southern and central California, Dr. C. U. Duckworth, Assistant Director of the California Department of Agriculture, and Frank Pellissier, Jr., Chairman of the Dairy Department of the California Farm Bureau Federation, proceeded to Washington, D. C., where a plea was laid before the Federal authorities in charge requesting that the men in California working on tuberculosis control be allowed to remain here. The request was granted and at the present time the program is being reorganized whereby there will be no unduly long intervals between tests as it appeared was going to be necessary before the Washington conference. An attempt will be made to test raw milk herds as nearly as possible in compliance with the law, which requires an annual test, and an endeavor will also be made to conduct tests on other commercial herds at intervals not to exceed three years, unless manpower dwindles further to a point where such a program is impossible. Of course where infection is found tests will be repeated at from 60 to 90 day intervals until such time as two negative herd tests have been obtained and concentration will be made in areas where infection was heavy and which have recently been cleaned up.

The excellent cooperation of the health officers of the State of California is greatly appreciated.

When it is considered that California did not enter into an eradication program until the fall of 1931 and had reduced infection generally to one-half of 1 per cent by the fall of 1940, the amount of work that had to be done can readily be appreciated. With a total cattle population in excess of two million and with infection running to as high as 100 per cent in some herds, the task was enormous. Leading dairy people recognize the economy of operating with disease-free herds, but in order to complete the job it was necessary to have the complete backing of the health officials, which we can proudly say we have.

Our problem from here on appears to be one of control and constant vigilance. A great deal of work remains



to be done as to tuberculin testing and its efficiency. We recognize that the various strains of the organism involved can and do sensitize animals to tuberculin and phases are developing now with a low incidence of the disease that were not apparent a few years ago, although such phases may have been actual.

### LILLIAN SIMPSON, P.H.N., RETIRES

Lillian Simpson, who has been Director of the Bureau of Public Health Nursing of the Los Angeles County Health Department for twenty-four years, retired recently.

Under her direction the staff of the Bureau of Public Health Nursing grew to 88 nurses employed full-time. She developed the visiting nursing and public health nurse training programs in Los Angeles County and organized the nursing services of the County Health Department's local health centers.

Her contribution to the public health of California is outstanding and she well deserves the honors awarded her by all public health nurses and public health workers throughout the State.

### EMERGENCY INFANT AND MATERNITY CARE

During April, 2,866 new cases, involving 2,691 maternity patients and 175 infants, were accepted under the emergency program sponsored by the Federal Government through the Children's Bureau of the Department of Labor with the cooperation of the California State Department of Public Health. Since the program started in July of 1943, 19,621 maternity patients, who are wives of service men, have been accepted for medical care and hospitalization at the expense of the Federal Government. Of these, 7,745 have completed their treatment and hospitalization, which brings the current case load to approximately 12,000 cases. A total of \$830,500 has been paid to date to physicians, hospitals, and nurses for services rendered under the program. Bills for services have been received from 1,735 participating physicians and 281 hospitals that provide the required facilities for hospitalization.

It ain't the individual, nor the  
Army as a whole,  
But the everlastin' teamwork of  
every bloomin' soul.

—Rudyard Kipling.

### MORBIDITY REPORT—JUNE, 1944

Reportable diseases	Week ending				Total cases	5-yr. median	Total cases
	6-10	6-17	6-24	7-1	June	June	Jan.-June, inc.
Amebiasis (Amoebic Dysentery)...		3	5	5	13		40
Anthrax.....							7
Botulism.....							105
Chancroid.....	1	3	4	2	10		165
Chickenpox (Varicella).....	1,024	892	617	499	3,032	3,253	27,151
Cholera, Asiatic.....							18
Coccidioides granuloma.....	1	1	2	1	5		21
Conjunctivitis—acute infectious of the newborn (Ophthalmia Neonatorum).....		1	1		2		
Dengue.....							658
Diphtheria.....	22	28	15	27	92	57	192
Dysentery, bacillary.....	12	9	13	9	43		36
Encephalitis, infectious.....		3	2	1	6		776
Epidemic diarrhea of the newborn.....	30	34	47	51	162		392
Epilepsy.....	24	1	4	5	34		13,321
Food poisoning.....	511	439	190	155	1,295		
German measles (Rubella).....							
Glanders.....							
Gonococcus infection.....	405	460	389	371	1,625	1,138	9,121
Granuloma inguinale.....	2	1	2	1	6		15
Influenza, epidemic.....	41	14	9	8	72	167	10,790
Jaundice, infectious.....	2	2	1	5	10		178
Leprosy.....	1				1		4
Lymphogranuloma venereum (lymphopatia venereum, lymphogranuloma inguinale).....	4	2	2	3	11		112
Malaria.....	5	5	6	5	21	19	64
Measles (Rubeola).....	3,659	2,868	1,878	1,339	9,744	4,255	61,549
Meningitis, meningococci.....	25	15	10	9	60		655
Mumps (Parotitis).....	1,179	1,003	653	408	3,243	3,191	23,873
Paratyphoid fever, A and B.....	3	1	1	1	6		29
Plague.....	1				1		1
Pneumonia, infectious.....	56	49	41	54	200	173	2,674
Poliomyelitis, acute anterior.....	8	9	3	12	32	48	141
Psittacosis.....							
Rabies, human.....							
Rabies, animal.....	18	11	15	18	62	46	527
Relapsing fever.....							
Rheumatic fever.....	20	14	8	14	56		288
Rocky Mountain spotted fever.....							
Scarlet fever.....	236	210	164	162	772	383	6,513
Septic sore throat, epidemic.....							
Smallpox (variola).....							
Syphilis.....	609	735	567	482	2,393	1,763	14,337
Tetanus.....	1	1	1	2	5		22
Trachoma.....		1			1		56
Trichinosis.....	2				2		25
Tuberculosis, pulmonary.....	188	176	155	164	683	636	4,028
Tuberculosis, other forms.....	9	10	13	15	47	37	230
Typhoid fever.....	8	3	8	1	25	17	162
Typhus fever.....	7	11	20	10	48	19	149
Undulant fever (Brucellosis).....							
Whooping cough (Pertussis).....	108	111	96	93	408	1,715	2,473
Yellow fever.....							
					24,231		180,841

No education, no refinements of civilization can compensate a people for the loss of their hardy virtues. The greatest danger of a luxurious civilization is that it is likely to lead a people to lose their fighting edge.—Theodore Roosevelt.





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